

ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689

**APPLICATION FOR GROUNDWATER
SAVINGS FACILITY PERMIT (§ 45-812.01)**

APPLICATION FEE IS \$ 500.00 DUE UPON FILING.

**PERMIT FEE OF \$ 350.00, PLUS NOTICE AND
PUBLICATION FEES TO BE DETERMINED,
ARE ALSO DUE PRIOR TO ISSUANCE OF PERMIT.**

**PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.**

FOR OFFICE USE ONLY

Application No.: _____

Date Received: _____

1. Name of Applicant: _____

Mailing Address City State Zip

Facility Contact Person _____ Telephone _____ Fax _____

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and
subbasin where the facility will be located _____

3. Name of the owner(s) of the land where the facility will be operated _____
Mailing Address _____
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the location of the facility _____
(quarter/quarter/quarter/section, township and range)

5. Name of recipient(s) of in lieu water. Attach list if necessary. _____

6. The maximum annual amount of water that may be stored at the facility _____

7. Proposed duration of permit _____

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8. Registration number(s) and location of well(s) from which groundwater withdrawals will be curtailed.

(if more than two wells, attach an additional page)

55-_____Township_____Range_____Section_____1/4_____1/4_____1/4_____

55-_____Township_____Range_____Section_____1/4_____1/4_____1/4_____

9. Please attach the following:

A. A detailed plan for proving the amount of annual groundwater savings.

B. Plan of operation for the facility that: (1) Describes the facility in detail; (2) Demonstrates direct reduction of elimination of groundwater withdrawals resulting from the receipt of in lieu water; (3) Demonstrates that the substitute or in lieu water would not have been a reasonable alternative to the recipient without the project; (4) Demonstrates that the substitute or in lieu water was not delivered before 9/1/90; (5) Demonstrates that the substitute or in lieu water is the only reasonably available substitute for groundwater; (6) Describes the area of impact of the water storage.

I (We), _____, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

Telephone

Signature of owner or authorized agent

Title

Mailing Address

City

State

Zip

STATE OF ARIZONA

)

) ss.

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My commission expires:

Revised 3/23/2006